| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| | | | 7/10/01 |
| FEE DETERMINATION | T-G | B/ | 7/19 |
| O.I.P.E. CLASSIFIER | ASM | | 08.23.01 |
| FORMALITY REVIEW | H.S | 866 | 11.14.01 |
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## INDEX OF CLAIMS

| | | | |
|---|---|---|---|
| ✔ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| – | (Through numeral)... Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

| Claim | | Date | Claim | | Date | Claim | | Date |
|---|---|---|---|---|---|---|---|---|
| Final | Original | | Final | Original | | Final | Original | |
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)